PTO/SB/17 (12-04v2)
Approved for use through 07/31/2009, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

I DESK THE PROPERTY REVISE	tion Act of 199	no nerenna em m	n ol hetken	renand in a mileniu	ut un intitut	matinn turing	e it diamlava a v	miid DMA conteri numbe	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL For FY 2005  Applicant claims small entity status, See 37 CFR 1.27				Complete If Known					
				Application Number 10		10/685,8	0/685,828		
				Filing Date 1		10/14/2003			
				First Named Inventor Stua		Stuart S.	uart S. P. Parkin		
				Examiner Name Davi		David La	id Lam		
				Art Unit		2818			
TOTAL AMOUNT OF PAYMENT (S) 0				Attorney Docke	t No.	ARC920030050US1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 09-0441 Deposit Account Name: International Business Machines									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge (ee(s) Indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION				~					
1. BASIC FILING, SEA				0115550					
		mail Entity	SEAR	CH FEES Small Entity	EXAM	INATION Small			
Application Type	Fee (\$)	Fee (5)	Fee (\$	Fee (\$)	Fee	(\$) Fee		Fees Paid (\$)	
Utility	300	150	500	250	200	100		0	
Design	200	100	100	50	130	65	,	0	
Plant	200	100	300	150	160	80		0	
Reissuc	300	150	500	250	600	300		0	
Provisional	200	100	0	0	0	0		0	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)							<u> </u>	<del>(ee (\$)</del> 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							160	180	
				Paid (\$)			Multiple Dependent Claims		
- 20 or HP = HP = highest number of tota	daine paid lo	X	<b>-</b> =	_0		Ē	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Clain			Paid (\$)			0		
-3 or HP =		_ ×	_ •	0					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)									
- 100 = / 50 = (round up to a whole number) x = 0									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (S)  0									
Other (e.g., late filing	g surcharge	):						0	
UBMITTED BY	7)	4/	2_						
ignature /	"YU	V.		Registration No. Altorney/Agent)	32247		Telephone ,	408-323-5111	
ame (Print/Type) Sonto	I A Kassa	the				10	Date 02/0	7/2005	

This collection of information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.